



State of Illinois  
Calendar Year 2009 Fire Marshal Tax Return

Illinois Department of Insurance  
P.O. Box 7087  
Springfield, IL 62791

Payable: On or before March 31, 2010 for Direct Business During the Calendar Year 2009

Web Site: [www.insurance.illinois.gov](http://www.insurance.illinois.gov) (Department Links>Industry>Company Information>Tax Forms)

Federal Employer Identification Number: \_\_\_\_\_

By the \_\_\_\_\_ Insurance Company

of \_\_\_\_\_  
Street and Number City State Zip Code

For the calendar year 2009 as required by "425 ILCS 25/12" of the Illinois Compiled Statutes.

**Worksheet on reverse side must be completed first**

1. Net amount of taxable premiums from Line 14 on back ..... \$ \_\_\_\_\_
2. Tax due (1% of Line 1) ..... \$ \_\_\_\_\_
3. Fire Marshal Tax Credit (deduct prior year overpayment; attach copy of credit letter) ..... \$ \_\_\_\_\_
4. Amount of tax paid (subtract Line 3 from Line 2) ..... \$ \_\_\_\_\_
5. Penalty for failure to file tax return (\$400/month or 10% of tax, whichever is greater) ..... \$ \_\_\_\_\_
6. Penalty for failure to pay tax (10% of tax due) ..... \$ \_\_\_\_\_
7. Interest on tax paid after due date (IRS rate during tax period, 12% minimum) ..... \$ \_\_\_\_\_
8. Total penalty and interest (add Lines 5 through 7) ..... \$ \_\_\_\_\_
9. Balance due (Line 4 plus Line 8) ..... \$ \_\_\_\_\_

**A separate check is requested for each company of an insurance group and for each tax or fee.  
You must complete and return this return, even if no tax is due.**

The undersigned President and Secretary of the \_\_\_\_\_  
Insurance Company, being duly sworn upon their oaths say that the foregoing report and the statements contained therein and each and  
**every one of them are true and correct.**

Secretary's signature \_\_\_\_\_ Date \_\_\_\_\_

President's signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Remittance should be payable to **Illinois State Treasurer** and mailed with the completed tax return to: Illinois Department of Insurance, P.O. Box 7087, Springfield, Illinois 62791. File only one original copy. The official filing date is the U.S. Postal date per 50 Ill. Adm. Code 2500.60.

**Important Notice:** Disclosure of this information is **required** under the Illinois Compiled Statutes' insurance laws. Failure to provide this information could result in a fine. This form has been approved by the Forms Management Center.